FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000050416 (4)

1. Corporation Name

MYERS JACKSON CONTRACTING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1630 MAYO FL 32066	P.O. BOX 1630 MAYO FL 32066

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3258505 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MUTCH, SAMUEL A
708 N.W. 8TH AVENUE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: AMY W. CARVER
82 Street Address (P.O. Box Number is Not Acceptable): RT 3 BOX 784
83 MAYO, FLORIDA 32066
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Amy W Carver — Date: 5/24/96

Signature, typed or printed name of registered agent and title if applicable — (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	JACKSON, AMY D CHRWOMA	
STREET ADDRESS	P.O. BOX 1630 Rt 3 Box 784	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	☐ DELETE
NAME	JACKSON, H M MEMBER	
STREET ADDRESS	P.O. BOX 1630 Rt 3 Box 784	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	☐ DELETE
NAME	O'STEEN, LARRY MEMBER	
STREET ADDRESS	RT. 2 BOX 118	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	H.M. JACKSON, PRESIDENT	
2.3 STREET ADDRESS	P O BOX 1630 Rt 3 Box 784	
2.4 CITY-ST-ZIP	MAYO, FLORIDA 32066	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	100001869391	☐ Change ☐ Addition
6.2 NAME	-06/20/96--01031--056	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. Myers Jackson — Date: 05/23/96 — Daytime Phone #: 904-294-3542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OS 5/1/96

CR2E034 (12/95)